



# CAT INTAKE FORM

1 form per cat  
Please print 2-sided

CONTACT INFORMATION		
<b>Owner/Trapper Name:</b>  <small>Label your traps, carriers, linens with this name only</small>	<b>Phone</b> (best # to reach you today):  Cell	<b>Email:</b>
<b>Address:</b>		<b>City/State/Zip:</b>
<b>Person(s) <u>authorized</u> to pick-up cat:</b>	<b>Phone</b> (best # to reach them today):	<b>Total # of Cats Today:</b>

CAT DESCRIPTION			
<b>Coat Length:</b> Short    Med    Long	<b>Approx. Age:</b> Kitten    Adult	<b>Cat Size:</b> S    M    L    XL	<b>Sex:</b> F    M    Unsure
<b>Color(s):</b>	<b>Pattern</b> (Tabby, Calico, Solid, Bicolor, etc):	<b>Special Notes:</b>	
<b>Cat is arriving in a:</b> Trap    Pet Carrier    Other _____		<b>After Surgery, return cat to:</b> Trap    My <u>clean</u> pet carrier	
<b>All cats must arrive in traps. Cats arriving in anything else will incur a \$10 fee to transfer cat into a trap.</b>			
<b>Address where trapped:</b>	<b>City where trapped:</b>	<b>Zip Code where trapped:</b>	<b>If recommended by the vet, I want this cat to receive a Convenia antibiotic injection:</b>  Yes    No

OPTIONAL SERVICES (payment due at check-in)			
FVRCP (distemper) Vaccination	\$7.00	Convenia Antibiotic (given only if needed)	\$15.00
Feline Leukemia Vaccination	\$12.00	Donation	\$
Microchip	\$10.00	<b>Total due at check-in:</b>	<b>\$</b>

SURGICAL WAIVER	
<b>I, the undersigned, hereby request surgical spay/neuter services at the Austin Humane Society's (AHS) Community Cat Spay/Neuter Clinic.</b>	
<input checked="" type="checkbox"/>	I have read, understand and agree to the "Program Policies" and have had the opportunity to ask questions.
<input checked="" type="checkbox"/>	I understand that all cats will be scanned for microchips, and that if a microchip is found, further procedures will not be performed.
<input checked="" type="checkbox"/>	I recognize and understand the risks inherent to anesthesia and surgery. I understand that the cats do not undergo a pre-anesthetic evaluation and I accept risks of any underlying health problem that would complicate survival/recovery from anesthesia and surgery.
<input checked="" type="checkbox"/>	I have taken precautions not to present an owned pet or a previously altered cat. I understand I am liable for the consequences of ear tipping an owned cat and/or exploratory surgery our vet deems necessary to confirm if the cat is already fixed.
<input checked="" type="checkbox"/>	I agree to hold harmless and indemnify the AHS Community Cat Spay/Neuter Clinic, their officers, their volunteers and their employees from any loss, injury or damages to myself or the cat(s) arising out of or in any way connected to the services requested herein.
<input checked="" type="checkbox"/>	<b>I have read and agree to the policies for ear-tipping in the "Clinic Information &amp; Policies" document.</b>
<input checked="" type="checkbox"/>	I understand that the cat presented will not be euthanized for any reason without my written or verbal consent. Cats presented will <u>not</u> be euthanized for positive results for Feline Leukemia or FIV unless recommended by a staff veterinarian.
<input checked="" type="checkbox"/>	I agree to pick up the cat(s) following surgery as directed. I understand that if I fail to pick up the cat(s) as directed, then the cat(s) may be declared abandoned and will be handled as such.
<input checked="" type="checkbox"/>	I understand I may choose to assign a representative to pick up the cat for me after surgery.
<input checked="" type="checkbox"/>	I will ensure this cat receives food, water and necessary care while it is recovering until it can be returned to the location from which it was collected.
<input checked="" type="checkbox"/>	I certify that, to the best of my knowledge that this cat has not bitten anyone in the preceding 10 days. I understand if any cat I present bites anyone while in our care, we are required to report the bite to Austin Animal Center and the cat will be transferred to AAC for quarantine.
<b>I completely understand and agree with the above: <span style="background-color: yellow;">Signature</span> _____</b>	

NEEDS TO PAY

Called / Left message @ \_\_\_\_\_

Clinic Date:	PP #:	Cat #:
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(For Clinic Use Only)

### CLINIC RECORD

(For Clinic Use Only)

#### SEDATION

<b>Ear Tipped?:</b> <input type="checkbox"/> Tip <input type="checkbox"/> No Tip	<b>Color &amp; Pattern:</b>	<b>Coat Length:</b> <input type="checkbox"/> SH <input type="checkbox"/> MH <input type="checkbox"/> LH
<b>TKX:</b> _____ mL <b>Time:</b> _____	<b>Addtl TKX:</b> _____ mL <b>Time:</b> _____	<b>Addtl TKX:</b> _____ mL <b>Time:</b> _____
<b>Chip Scan:</b> <input type="checkbox"/> Chip (alert Supervisor) <input type="checkbox"/> No Chip	<b>Sex:</b> <input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Butorphanol: _____ mL IM <input type="checkbox"/> Morphine: _____ mL IM
<b>Eyes Lubed:</b> <input type="checkbox"/> Done	<b>Cat's Estimated Age:</b> ____ Yrs ____ Mos	<b>Cat's Actual Weight:</b> _____ lbs

#### PREP

<b>Ear Tip:</b> <input type="checkbox"/> Done	<b>Bladder Expressed:</b> <input type="checkbox"/> Done <input type="checkbox"/> Not Done	<b>Lactating:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### SURGERY

<input type="checkbox"/> Rabies Vaccine <input type="checkbox"/> No Rabies Given <input type="checkbox"/> Revolution: _____ <input type="checkbox"/> Metacam: _____ mL SQ	<b>PAID TREATMENT</b> <input type="checkbox"/> FVRCP <input type="checkbox"/> Microchip <input type="checkbox"/> FeLV  <i>[ attach microchip # sticker here ]</i>	<input type="checkbox"/> Convenia OK'd
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**Surgeon:**     Dr. Hollars     Dr. Sabelhaus     Dr. \_\_\_\_\_

NEUTER →     Normal     Cryptorchid

SPAY →     Midline     Normal     In Heat     Pyometra  
 Pregnant    # of fetuses: \_\_\_\_\_     Recent Post-Partum

Previously Spayed / Neutered (circle one)     Tattoo

**Comments:**

**Medications Rx's:**

SQ Fluids: \_\_\_\_\_ mL  
 Convenia: \_\_\_\_\_ mL SQ

**Euthanasia/Reason:**

#### RECOVERY 1

**RETURN CAT TO:**     Trap     Carrier Provided

Check Incision     Ear Tipped     Tag Removed  
 All paid treatments given?

**Post-Op Temp:** \_\_\_\_\_ °F    **Time:** \_\_\_\_\_

**Yohimbine:** \_\_\_\_\_ mL IM / IV    **Time:** \_\_\_\_\_